LOS ANGELES COUNTY COMMISSION ON HIV

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PRIORITIES AND PLANNING (P&P) COMMITTEE MEETING MINUTES

May 26, 2009

MEMBERS PRESENT	MEMBERS ABENEFITS SPECIALTYENT	PUBLIC	HIV EPI AND OAPP STAFF	COMM STAFF/ CONSULTANTS
Jeffrey Goodman, *Co-Chair*	Robert Butler	Jeff Bailey	Juhua Wu	Julie Cross
Kathy Watt, *Co-Chair*	Jim Chud	Miki Jackson		Jane Nachazel
Douglas Frye	Joanne Granai			Glenda Pinney
Michael Green	Anna Long			Craig Vincent-Jones
Bradley Land				
Ted Liso				
Quentin O'Brien				

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15) **Summary Key**: Year 18 Ryan White Part A & B Expenditures by Service Category, *on-going*

1. **CALL TO ORDER**: Mr. Goodman called the meeting to order at 1:45 pm. Conflicts of interest were noted during roll call.

2. **APPROVAL OF AGENDA**:
   MOTION #1: Approve the Agenda Order **(*Passed by Consensus*)**.

3. **APPROVAL OF MEETING MINUTES**:
   MOTION #2: Approve the 5/19/2009 P&P Committee Meeting minutes **(*Passed by Consensus)***.

4. **PUBLIC COMMENT, NON-AGENDIZED**: There were no comments.

5. **COMMISSION COMMENT, NON-AGENDIZED**: There were no comments.

6. **PUBLIC/COMMISSION COMMENT FOLLOW-UP**: There was no follow-up.

7. **CO-CHAIRS' REPORT**:
   - Ms. Watt expressed disappointment that even with the State's fiscal problems, so few people choose to attend these meetings. Mr. Goodman added it is important to do this planning in a timely manner even though the fiscal landscape might change.
   - Mr. Goodman noted meetings and events on budget issues: 1) Joint Public Policy Committee Emergency meeting, 5/28/2009, 2:00 to 5:00 pm, at OAPP; 2) Joint Commission on HIV/ Prevention Planning Committee meeting, 6/4/2009, 9:00 am to 12:00 noon, St. Anne's Maternity Home; 3) statewide rally in Sacramento, 6/10/2009, details to be announced; 4) Commission on HIV meeting, 6/11/2009, 9:00 am to 1:30 pm with possible extension, St. Anne's Maternity Home.
   - The State Legislature Budget Conference Committee will start hearings, 5/27/2009.

   A. **Meeting Dates and Locations**: The next P&P Committee meeting will be 6/23/2009. If all decisions following schedule, it will address contingency plans, evaluation of the Priority- and Allocation-Setting process and any appeals.

8. **FY 2010 PRIORITY- AND ALLOCATION-SETTING**:

   A. **Allocation Recommendations**: Mr. Vincent-Jones noted that 1% of allocation equals approximately $330,000.

      1. ***Benefits Specialty***:
         - Ms. Cross said Benefits Specialty is intended to enhance information about public health system programs. It will not supplant current services, but offer help with more complicated cases, system changes and act as a gateway service.
         - Dr. Green said OAPP does not pay for benefits specialty as a separate service, so 2% allocation for 2008 was an estimate based on provider discussions and what OAPP felt it should cost. Case Management (CM), Psychosocial is linked with Benefits Specialty primarily as funding was taken from it for the FY 2009 allocation. Tasks are distinct, but some benefits specialists are paid under the CM, Psychosocial contract.
         - Funds could not be spent according to the allocation when the Board told OAPP that they could not award sole source contracts for the service. The Commission's directive when re-allocating Benefits Specialty funds to CM, Psychosocial was that they should be used for benefits specialist functions. Mr. Vincent-Jones noted that service dollars were not paying for the benefits specialty trainings.
         - Mr. Goodman agreed accurate estimates were not possible with a new service, but anecdotal demand is strong. He indicated he had received many calls himself. The initial goal was to ensure at least one benefits specialist per SPA.
         - Mr. Land said some have done Benefits Specialty since the start of the epidemic and should inform the discussion however funded. Not an ongoing service, Benefits Specialty is important during transitions especially in lieu of planned Medical Care Coordination (MCC) and today's fiscal stresses.
         - Mr. Bailey, APLA, said St. Mary's, APLA and AIDS Service Center provide services. APLA does ADAP screening, COBRA and Care/HIPP counseling. APLA's Benefits Specialty staff includes two social workers with a distinct Benefits Specialty affinity and a part-time client advocate for a total staff of 3.25. Funding is about $150,000 for about 1,100 unduplicated cases.
         - Ms. Watt said her staff realizes Ryan White is funding of last resort and work to find other resources.
         - Dr. Green said the Board would undoubtedly require an RFP which would result in funding for only about two-thirds of the year. Mr. Goodman responded that the Commission had previously agreed with OAPP that a ten-month notification was sufficient to inaugurate a service. If needed, the Commission can rally behind OAPP to advocate to the Board, the Chief Administrative Office and others to ensure the service moves forward. Mr. Goodman felt delayed implementation was no longer acceptable since Benefits Specialty has been a focus since 2008 and will have been allocated to by the Commission for two years' running by 2010. He felt no longer accepting delays, and an allocation for a full year would send the message that OAPP needs to get the service RFPed in a timely fashion.
         - Dr. Green said it was unwise to assume Net County Cost (NCC) can backfill resources in the current economy, but Mr. Goodman noted that the additional Ryan White funding to Medical Outpatient should ease NCC demands by $1 million—which could be used to backfill CM, Psychosocial if necessary.
         - Mr. Bailey noted that, while outside the Commission's purview, HOPWA requires housing case managers to provide benefits counseling since the short-term HOPWA assistance is also funding of last resort. Current housing case mangers do not always have the expertise, but there is a synergy supporting Benefits Specialty.
         - CM, Psychosocial was reduced by 0.5% to partially fund Benefits Specialty because it was agreed that some of Benefits Specialty services are currently funded under that category, so the funding would follow the service into the new, separate category.
         - Treatment Education was reduced from 3.3% to 2.8% for the remaining Benefits Specialty funding because Treatment Education combined Part A and NCC was underspent in FY 2007 by $226,679 and in FY 2008 by $256,499. The Committee felt that need could be further reduced with services to divert people from just Ryan

White-funded services. There is also an ongoing overlap of education/adherence services with CM, Medical and Psychosocial; MO providers; pharmacists; and clinical trial outreach.

MOTION #3 ***(Goodman/Land)***: Allocate Benefits Specialty for the entire FY 2010 with 2.5% to be funded with: 2% reduction of CM, Psychosocial from 8.0% to 6.0%; reduction of 0.5% to Treatment Education from 3.3% to 2.8% **(*Amended*)**.

MOTION #3A ***(Frye/Green)***: Amend Motion 3 to allocate 2.0% to Benefits Specialty to be funded with 1.5% reduction to CM, Psychosocial from 8.0% to 6.5% and 0.5% reduction to Treatment Education from 3.3% to 2.8% **(Passed**: ***Ayes:*** Frye, Green, Land, Liso, O'Brien; ***Opposed:*** Goodman, Watt; ***Abstentions:*** none**)**.

MOTION #3B ***(O'Brien/Green)***: Amend Motion 3 to allocate 8.5% to a combined Benefits Specialty and CM, Psychosocial with a recommendation to OAPP to implement Benefits Specialty at approximately 2.0% in FY 2010 to be funded with a 0.5% reduction to Treatment Education from 3.3% to 2.8% **(Failed**: ***Ayes:*** Green, O'Brien; ***Opposed:*** Land, Liso, Goodman, Watt; ***Abstention:*** Frye**)**.

AMENDED MOTION #3 ***(Goodman/Land)***: Allocate Benefits Specialty for the entire FY 2010 with 2.0% to be funded with: 1.5% reduction of CM, Psychosocial from 8.0% to 6.5%; and reduction of 0.5% to Treatment Education from 3.3% to 2.8% **(*Passed*: *Ayes:*** Frye, Land, Liso, O'Brien, Goodman, Watt; ***Opposed:*** Green; ***Abstentions:*** none***)***.

2. ***Health Insurance Premiums and Cost-Sharing***:
   - Ms. Cross reviewed Care/HIPP and Medi-Cal/HIPP insurance gaps. Those not eligible for premium assistance are: the non-disabled, those with premiums over Care/HIPP's limits, those with policies purchased through the Major Risk Insurance Program (MRMIP), and those with income over 400% FPL and assets over $6,000.
   - Mr. Vincent-Jones noted consumers have consistently discussed the need for this service at the local level and HRSA is increasing its emphasis on it.
   - Mr. Goodman said OAPP currently has no mechanism for administering health insurance premium payments. Funding could support a pilot project, which might measure—among other things—cost effectiveness.
   - Mr. O'Brien felt insurance might cost more than the Ryan White standard of four medical visits annually. Mr. Goodman noted an aging population will require more services more frequently. Also, assistance need not be 100% of the premium. Ms. Cross noted health care reform will likely increase those in insurance and needing assistance.
   - Mr. Land asked if EMAs ever re-allocated unspent funds during the year. Dr. Green replied yes, as he did in St. Louis, but LA County's system blocks implementation of those mid-year re-allocations. St. Louis found this program very effective especially in intervening before people lost insurance. They used $350,000 for premiums with an EMA population of 5,000.
   - He said a funded RFP was needed to start this, but doubted implementation before FY 2011 or 12/2009 at best.
   - Mr. Vincent-Jones felt it might initially be funded as part of MO with a directive. Dr. Green noted scopes of work have to go to the Board along with an RFP. This is the same problem that hampered Medi-Cal Part B assistance.
   - Mr. Vincent-Jones expressed concern that P&P had asked OAPP several years ago how much lead time was needed to fund a new category and was told 10 months. P&P has worked hard to meet that timeline, yet OAPP is indicating that it almost needs two years from notification of intent to start a new service category until the funds hit the streets. This is not characteristic of an emergency program, he noted. While not simply an OAPP problem, the system is undercutting EMA effectiveness in meeting needs on the street.
   - Dr. Green said it does take 10 months from the beginning of an RFP to awarding the contract. Now, however, OAPP has a Board approved solicitation schedule. It is likely to take to 12/2009 to get a new service on the schedule. Mr. Vincent-Jones indicated that the 10-month schedule had originally been based on concept—including RFP planning and development—to agencies receiving funds, and that the new timeline represents a significant alteration.
   - Dr. Green said only an RFP, not pilot or feasibility study, was needed. He suggested revising the Benefits Specialty RFP to support this and similar assistance programs if needed later like for utilities and rent. This would encourage providers to participate since such programs generate no income beyond the 10% administrative cap.
   - Treatment Education was reduced from 2.8% to 1.8% to fund Health Insurance Premiums and Cost-Sharing because Treatment Education was underspent in FY 2007 and FY 2008, as reasoned earlier.
   - ➲ P&P will meet jointly with the Operations Committee to address timelier implementation of new services.

MOTION #4 ***(Goodman/Land)***: Allocate 1.0% to Health Insurance Premiums and Cost-Sharing funded by reducing Treatment Education from 2.8% to 1.8% **(*Passed*: *Ayes***: Frye, Goodman, Land, Liso, Watt; ***Opposed***: Green, O'Brien**;** ***Abstentions:*** none**)**.

MOTION #5 ***(Goodman/Watt)***: Extend the meeting until 5:00 pm **(*Passed by Consensus)***.

3. ***Medical Transportation***:
   - Mr. Goodman noted his agency routinely falls 25% short of requested bus passes. Administrative costs have also risen with the new electronic bus pass distribution system.
   - Consumers consistently relate transportation issues especially where multiple transfers among carriers is necessary. This is true not only in SPA 1, but in other large areas like Long Beach. Funding for this service category is always fully expended.

4. ***Outreach***:
   - Mr. Vincent-Jones noted Outreach is for PWH who are self-managed or do not use the continuum of care, who have fallen out of or are at risk of falling out of care, or who are aware they are HIV+ but are not in care (unmet need). Service areas are: identification, information/education, maintaining contact, linked referral, engagement/retention, and is intended to be supplementary beyond ongoing outreach activities as part of other service categories
   - The Standards of Care (SOC) Committee will likely send updates to the standard of care reflecting expanded service activities to a subsequent Commission meeting. Outreach is not limited to MCC which calls for, but does not specifically fund, it. Some Early Intervention Services (EIS) and social marketing can also apply to this new service category. Promotion of service availability is a separate Commission function, e.g., public awareness.
   - Mr. Goodman recommended allocating 0.5% to this new category. Dr. Green noted the state funds much of EIS, which is all at risk. He felt 0.5% could not support effective services with state funding uncertain and no non-EIS care models. Mr. Vincent-Jones noted SOC left providers and OAPP free to develop population best practices.
   - Dr. Frye said his homeless background suggested Outreach would heavily use field staff. A 0.5% allocation would fund about two — too few to be effective. Mr. O'Brien and Ms. Jackson noted their agencies' outreach activities were effective, but labor intensive. Dr. Green added successful programs carefully link activities to medical care.
   - Mr. Bailey felt agencies should be responsible for promoting their own services.
   - Mr. Vincent-Jones noted EIS standards are consistent with the State's program. Outreach is supplementary. Activities could be labor intensive or things like high-volume phone medical or psychosocial follow-ups. Populations vary from traditional homeless to those, e.g., who have recently lost insurance and are unaware of public services.
   - Mr. Goodman stressed that, as funding of last resort, Ryan White funds cannot effectively impact County nutrition. Dr. Green said comments are normally negative, but no amount of Ryan White funding could be effective.
   - Mr. Land said some areas lack other food resources or resources present barriers like discomfort with religious environments. Mr. Bailey added other food pantries are not educated in PWH nutritional needs. APLA provides for 1,500 clients and 2,000 others plus counseling on special needs, like diabetes or religious/cultural preferences.
   - Mr. Vincent-Jones noted that home-delivered meals have not always been funded. The standard includes them as service activities, but not all aspects of every standard are necessarily funded in any given year.
   - Medical Transportation was increased by .0.8% to 2.7% due to need and Outreach was funded for 1.0%, further reducing Treatment Education from 1.8% 0.0% for reasons cited earlier.

   MOTION #6 ***(Goodman/Watt)***: Allocate Outreach with 1.1% funded by a 1.1% reduction of Nutrition Support **(*Failed*: *Ayes*: Goodman, Watt; *Opposed*: Green, Land, Liso, O'Brien; *Abstentions:* Frye)**.

   MOTION #6A ***(Watt/Goodman)***: Allocate Outreach with 1.8% funded by a 1.8% reduction of Treatment Education **(*Withdrawn)***.

   MOTION #6B ***(Land/Goodman)***: Allocate Outreach with 1.0% and increase Medical Transportation 0.8% to 2.7% funded by a 1.8% reduction of Treatment Education to 0.0% **(*Passed*: *Ayes:* Frye, Land, Liso, Goodman, Watt*; Opposed*: Green, O'Brien; *Abstentions:* none)**.

   MOTION #6C: Narrow definition of Outreach service category to assess provider responsibility for those who have fallen out of or are at risk of falling out of care and target resources to those who are aware they are HIV+ but are not in care (unmet need). OAPP may develop services in any of the following areas: client identification, linked referral to primary care and case management services, and engagement and retention activities **(*Passed by Consensus)***.

5. ***Treatment Education***: This category was discussed under Benefits Specialty and Health Insurance Premiums and Cost Sharing. The Committee expressed the need in those discussions to focus more precisely on Ryan White funding of last resort especially in these fiscally trying times. Treatment Education is already being provided through a variety of means not funded by this particular Ryan White service category including: CM, Medical and Psychosocial; MO providers;

pharmacists; and clinical trial outreach, and should be strengthened in those service categories rather than as a separate, distinct service not necessarily within the medical context or environment.

6. ***Other Service Categories***:
   - Nutrition Support was discussed under Outreach.
   - The Committee expressed the need in those and later discussions to focus more precisely on Ryan White funding of last resort especially for HIV-specific services. While it is understood that PWH use Nutrition Support, other community services are available and could be accessed more fully. Ms. Watt noted she had personally researched the subject for clients of her own agency, and found that many were available.
   - The Committee also discussed whether the small Ryan White contribution had an effect on HIV nutrition support services overall, since those services relied on many other sources of funding and could continue to be supported by those other sources.
   - It was emphasized that Medical Nutrition Therapy, which provides dietary counseling to meet individual needs, was a separate category that would not be reduced.
   - With those discussions in mind, the Committee felt it would be more beneficial to PWH to partially replace the funding removed from CM, Psychosocial from 6.5% to 7.6% by reducing Nutrition Support from 1.1% to 0.0%.

MOTION #7: ***(O'Brien/Goodman)***: Re-allocate 1.1% to CM, Psychosocial increasing it from 6.5% to 7.6% funded by reducing Nutrition Support from 1.1% to 0.0% to better focus on funding of last resort specific to PWH **(*Passed by Consensus)***.

MOTION #8: ***(Goodman/Watt)***: Approve slate as presented **(*Passed*: *Ayes:*** Frye, Goodman, Land, Liso, O'Brien, Watt; ***Opposed***: none; ***Abstention***: Green***)***.

Service Category	FY 2010 Rankings	FY 2010 Allocations	FY 2009 Allocations
Medical Outpatient/Specialty	1	$21M[1]	**58.0%/1.5%**
AIDS Drug Assistance Program (ADAP)/ADAP Enrollment	2	0.0%	0.0%
Local Pharmacy Program/ Drug Reimbursement	3	$21M[1]	0.0%
Benefits Specialty	4	**2.0%**	**0.0%**
Oral Health Care	5	**3.7%**	**3.7%**
Mental Health, Psychiatry	6	**2.5%**	**2.5%**
Mental Health, Psychotherapy	7	**6.5%**	**6.5%**
Case Management, Medical	8	**1.5%**	**1.5%**
Case Management, Psychosocial	9	7.6%	8.0%
Early Intervention Services	10	0.0%	0.0%
Health Insurance Premiums and Cost Sharing	11	**1.0%**	**0.0%**
SuBenefits Specialtytance Abuse, Residential	12	**6.5%**	**6.5%**
SuBenefits Specialtytance Abuse, Treatment	13	0.0%	0.0%
Residential, Transitional	14	0.0%	0.0%
Residential, Permanent	15	NF[2]	NF[2]
Outreach	16	1.0%	0.0%
Medical Transportation	17	**2.7%**	**1.9%**
Treatment Education	18	**0.0%**	**3.3%**
Medical Nutrition Therapy	19	**1.0%**	**1.0%**
Nutrition Support	20	**0.0%**	**1.1%**
Legal	21	0.0%	0.0%
Case Management, Transitional	22	**1.5%**	**1.5%**
Direct Emergency Financial Assistance	23	0.0%	0.0%
Case Management, Housing	24	0.0%	0.0%
Language/Interpretation	25	0.0%	0.0%
Skilled Nursing	26	**2.0%**[3]	**2.0%**[3]
Home Health Care	27	0.0%	0.0%
Case Management, Home-based	28	**1.0%**	**1.0%**
Hospice	29	**2.0%**[3]	**2.0%**[3]

Child Care	30	0.0%	0.0%
Workforce Entry/Re-entry	31	0.0%	0.0%
Rehabilitation	32	0.0%	0.0%
Health Education/Risk Reduction	33	0.0%	0.0%
Counseling and Testing in Care Settings	34	$21M[1]	0.0%
Referrals	35	0.0%	0.0%
Peer Support	36	0.0%	0.0%
Respite Care	37	0.0%	0.0%
Psychosocial Support	38	0.0%	0.0%

Bolded services are core medical services.
[1] Medical Outpatient/Specialty services include Local Pharmacy Program/Drug Reimbursement and Counseling and Testing in Care Settings.
[2] Not fundable by Ryan White Program Parts A and B**.**
[3] The allocation is combined for these two service categories.

B. **Contingency Allocations**: P&P will address contingency planning at its 6/23/2009 meeting.

9. **MINORITY AIDS INITIATIVE (MAI)**: This item was postponed.

10. **FY 2008/2009 EXPENDITURES**: The MAI Subcommittee is continuing work on schedule.

11. **HOSPICE SERVICES NEEDS ASSESSMENT**: This item was postponed.

12. **2009 COMPREHENSIVE CARE PLAN**: This item was postponed.

13. **COMMITTEE WORK PLAN**: This item was postponed.

14. **GEOGRAPHIC ESTIMATE OF NEED (GEN) REPORT**: This item was postponed.

15. **OTHER STREAMS OF FUNDING**: This item was postponed.

16. **STANDING SUBCOMMITTEES**: This item was postponed.

17. **NEXT STEPS**: This item was postponed.

18. **ANNOUNCEMENTS**: There were no announcements.

19. **ADJOURNMENT**: The meeting was adjourned at 5:00 pm.